

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hW		8/15-09-01
O.I.P.E. CLASSIFIER		12	8/15
FORMALITY REVIEW	H-5	866	10, 03, 01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		2/17/03	
2		8/14/03	
3		2/22/04	
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Claim	Final	Original	Date
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52		8/14/03	
53		2/22/04	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Tm 864  
 10/3/01